

**APPLICATION FOR AUTOCABS, LIMOUSINES AND LIVERY SERVICES
OPERATED WITHIN THE TOWNSHIP OF MANSFIELD
WARREN COUNTY, NEW JERSEY**

NAME OF APPLICANT: _____

ADDRESS: _____

DATES RESIDED AT ABOVE _____

TELEPHONE: _____

DATE OF BIRTH: _____ **APPLICANT'S PHOTO**

SOCIAL SECURITY NO: _____

YEARS OF DRIVING EXPERIENCE:

YEARS OF CAB DRIVING EXPERIENCE: _____

NEW JERSEY MOTOR VEHICLE LICENSE NO:

FEE FOR DRIVER'S LICENSE PAID: _____

REMARKS: Names, addresses and phone numbers of three (3) references (not relatives) who can testify as to the good character of the applicant. Two forms of identification must also be submitted.

2. _____

3. _____

I, the undersigned, certify that the information in this application is true. I have not been convicted of any indictable offense or of reckless driving. I am fully acquainted with the ordinance under which this application is made.

Applicant

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Approved by the Township Committee of the Township of Mansfield on this _____ day of _____, 19__

License No. _____ issued this _____ day of _____ 19__

(Seal)

Maria E. Appleby, R.M.C.
Municipal Clerk